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Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully and sign as indicated.

Each time you visit a mental health professional a record of your visit is made. This mental health record will include symptoms, assessments/evaluations, diagnosis, recommendations for treatment/plan and informed consent This information serves as:

- The basis for planning and evaluating your treatment
- Means of communicating between health care professional involved in your treatment
- Legal document describing the care you receive
- Means by which you or a third party can verify that services billed were actually provided
- A tool in educating mental health professionals
- A source of data for medical research
- A source of data for this offices business planning and marketing
- A tool used to assess and continually improve the care provided
- A tool used to assess the competence of mental health professionals providing services

Knowing what is in your record and how the information obtained is being used helps you to:

- Ensure the accuracy of the information
- Better understand who/what/when/where/why others may have access to your Protected Health Information
- Make informed decisions about authorizing disclosure of your Protected Health Information to others

Your Mental Health Information Rights:

- To request and receive a written copy of the Privacy Practices Notice of this office
- To review the notice prior to signing a consent to use/disclose information for treatment/payment/healthcare
- To request in writing to inspect and/or obtain a copy of your health record and to have your clinician explain the record contents in layman's language as provided for in 45 CFR 164.524
- To have the therapist submit a written explanation in layman's terms of reason for denying a request to review or have a copy of or amend or correct your mental health record, including an explanation of how to request a review of the therapists decision and how to file a complaint with the therapist or the Secretary of the Dept. of Health and Human Resources if you are not satisfied with the outcome of the review
- To submit a written request to amend information in your record, specifying the reasons for requesting the amendment or corrections as provided in 45 CFR 164.528
- To obtain an accounting of disclosures of your mental health information as provided for in 45 CFR 164.528
- To revoke this consent in writing, except to the extent that this office has already taken action in reliance thereon
- To request restrictions as to how your mental health information may be used or disclosed to carry out treatment, payment or healthcare operations as provided by 45 CFR 164.522. I understand this office is not required to agree to the restrictions but if it does agree to the restrictions it is bound to abide by them
- To a privilege to refuse to disclose and to prevent another person from disclosing a confidential communication made for the purpose of advice, diagnosis or treatment of a health condition between or among the patient or his representative, his healthcare provider or their representative pursuant to LCE Art.510, B(1)

Responsibilities of This Office:

- To maintain the privacy of your health information
- To provide you with a notice informing you of your legal duties/privacy practices regarding information we collect and maintain about you
- To abide by the terms of this notice
- To notify you if we are unable to agree to a requested restriction
- To inform you if we are unable to agree to a request to amend your medical record
- To accommodate reasonable requests to communicate health information by alternative means or locations
- To allow you access to your medical record when requested by you and to explain the information contained in it in a language that is understandable to you without professional jargon

Your mental health information will not be used or disclosed without your authorization, except as described in this notice.

- Under federal law we may use general information about you to provide you with medical treatment or services.
 - We may disclose or request information about you, with your consent, to/from other medical or mental health professionals for the purposes of coordination of care.
 - We may disclose unidentifiable information about you for the purposes of peer supervision or consultation
 - We may use and disclose information about you for payment procedures such as insurance and billing
 - Under special circumstances your medical information may be disclosed to Workers Compensation programs, law enforcement as required by law, or court order, public health authorities or in the defense of a malpractice claim
 - Medical information about you may be released without authorization in the event of serious threats to health/safety
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- Do you consent to the use of your protected health information for scheduling, treatment and billing?
 - I understand confidential information is not released without my specific authorization except as stated above.
 - I acknowledge that I have been given the opportunity to review the Notice of Privacy Practices.

Patient Signature

Date

Witness Signature

Date

Effective: 04-14-2003